

Application Data Sheet**Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?	
Title::	DUAL PUMP TRANSMISSION
Attorney Docket Number::	36400.31US3
Request for Early Publication?::	No
Request for Non-Publication?::	Yes
Suggested Drawing Figure::	10
Total Drawing Sheets::	16
Small Entity::	No
Petition Included?::	No
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Lonnie E.
Family Name::	Holder
Name Suffix::	
City of Residence::	Sullivan
State or Province of Residence::	IL
Country of Residence::	US
Street of mailing address::	18 Chad Avenue
City of mailing address::	Sullivan
State or Province of mailing address::	IL

Country of mailing address::	US
Postal or Zip Code of mailing address::	61951
Applicant Authority type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Robert E.
Family Name::	Trimble
Name Suffix::	
City of Residence::	Sullivan
State or Province of Residence::	IL
Country of Residence::	US
Street of mailing address::	Route 1 Box 196
City of mailing address::	Sullivan
State or Province of mailing address::	IL
Country of mailing address::	US
Postal or Zip Code of mailing address::	61951
Applicant Authority type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Michael
Family Name::	Todd
Name Suffix::	
City of Residence::	Sullivan
State or Province of Residence::	IL
Country of Residence::	US
Street of mailing address::	634 Sunrise Drive
City of mailing address::	Sullivan
State or Province of mailing address::	IL
Country of mailing address::	US
Postal or Zip Code of mailing address::	61951

Correspondence Information

Correspondence Customer Number:: 25541
Phone Number:: (312) 269-5282
Fax Number:: (312) 269-1747
E-mail address:: mcdonought@alzheimer.com

Representative Information

Representative Customer Number:: 25541

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	continuation of	10/118,263	04/08/02

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
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Assignment Information

Assignee Name:: Hydro-Gear Limited Partnership
Street of mailing address:: 1411 S. Hamilton Street
City of mailing address:: Sullivan
State or Province of mailing address:: IL
Country of mailing address:: US
Postal or Zip Code of mailing address:: 60951